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<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional)  <b>17684 (AP)</b>																				
<p>I hereby certify that this correspondence is being e-filed via the USPTO Electronic Filing System (EFS) on the date shown below:</p> <p>FILED ELECTRONICALLY</p> <hr/> <p>Signature_____</p> <p>Typed or printed name_____</p>		<p>In re Application of Robert T. Lyons, et al.</p> <table border="1"> <tr> <td>Application Number 10/826,843</td> <td>Filed April 15, 2004</td> </tr> </table> <p>For DRUG DELIVERY TO THE BACK OF THE EYE</p> <table border="1"> <tr> <td>Art Unit 1618</td> <td>Examiner Fay, Zohreh A.</td> </tr> </table>	Application Number 10/826,843	Filed April 15, 2004	Art Unit 1618	Examiner Fay, Zohreh A.																
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<p>Applicant hereby <b>appeals</b> to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) <span style="float: right;">\$ 500.00</span></p> <p> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <span style="float: right;">\$ _____</span>  <input type="checkbox"/> A check in the amount of the fee is enclosed.  <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.  <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>01-0885</u>. I have enclosed a duplicate copy of this sheet.  <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.         </p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the</p> <table> <tr> <td><input type="checkbox"/> applicant/inventor.</td> <td><u>/Brent A. Johnson/</u></td> </tr> <tr> <td colspan="2" style="text-align: right;">Signature</td> </tr> <tr> <td colspan="2"><u>Brent A. Johnson</u></td> </tr> <tr> <td colspan="2" style="text-align: right;">Typed or printed name</td> </tr> <tr> <td><input type="checkbox"/> attorney or agent of record.</td> <td><u>714-246-4348</u></td> </tr> <tr> <td colspan="2" style="text-align: right;">Registration number _____</td> </tr> <tr> <td colspan="2" style="text-align: right;">Telephone number</td> </tr> <tr> <td><input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34.</td> <td><u>August 9, 2007</u></td> </tr> <tr> <td colspan="2" style="text-align: right;">Registration number if acting under 37 CFR 1.34. <u>51,851</u></td> </tr> <tr> <td colspan="2" style="text-align: right;">Date</td> </tr> </table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>			<input type="checkbox"/> applicant/inventor.	<u>/Brent A. Johnson/</u>	Signature		<u>Brent A. Johnson</u>		Typed or printed name		<input type="checkbox"/> attorney or agent of record.	<u>714-246-4348</u>	Registration number _____		Telephone number		<input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34.	<u>August 9, 2007</u>	Registration number if acting under 37 CFR 1.34. <u>51,851</u>		Date	
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This collection of information is required by 37 CFR 41.31. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11, 1.14 and 41.6. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*